

PRE-APPLICATION FOR

KENTUCKY WORK READY SKILLS INITIATIVE

INSTRUCTIONS

This pre-application is the first phase for applicants interested in applying for funding through the Kentucky Work Ready Skills Initiative. All applicants should familiarize themselves with the information regarding the incentive program for which application is made as well as applicable program requirements. A program fact sheet regarding the Kentucky Work Ready Skills Initiative is located at http://educationcabinet.ky.gov/ky-work-ready-skills/pages/default.aspx.

Pre-applications for the Kentucky Work Ready Skills Initiative will be accepted during the following application time period: July 13 - August 12, 2016.

Pre-applications consist of the Project Summary worksheet contained within this workbook. Please submit electronically (by clicking 'submit' button at the bottom of form) or mail by August 12 to:

Kentucky Education and Workforce Development Cabinet 500 Mero Street, 3rd Floor Frankfort, Kentucky 40601

All complete pre-applications will be reviewed. Those selected for further review will proceed to phase two and be requested to submit additional project application information to the Kentucky Education and Workforce Development Cabinet.

For questions regarding the Kentucky Work Ready Skills Initiative or this application, please contact Andy Hightower within the Kentucky Education and Workforce Development Cabinet via email at workreadyskills@ky.gov or call 502-564-0372.

***NOTE: PLEASE DOWNLOAD AND SAVE THIS APPLICATION BEFORE FILLING OUT.

If you do not save this application to your network FIRST, you will be unable to save your work.***

PRE-APPLICATION FOR KENTUCKY WORK READY SKILLS INITIATIVE PROJECT SUMMARY WORKSHEET

Date:				Rev 7/2016	
PUBLIC-PRIVATE PARTNERSHI	P INFORMATION				
Enter the name and contact information of the <u>lead partner organization</u> which will serve as the primary contact point and fiscal/administrative agent for the Work Ready Skills Initiative project proposed in this pre-application.					
Mail Address	City		State	Zip Code	
IVIAII Audi 633	City		Olaic	Zip Gode	
Contact Person	Title	Work Pho	ne	Cell Phone	
Email Address		Website			
List all partnership member organi one postsecondary education instits not a public institution).					
T					
Provide a brief summary/description	on of the partnership a	nd financial responsibilit	ies of each	nartner	
Trovide a siler dammary/accompac	- To the partition only a	Tid imariolar reoperiololik		partition.	
Has the project lead or any partne					
adjudicated a bankruptcy, or been			siness rela	ted license suspended	
or revoked by any administrative, o	-	, , ,			
If yes, please list the vi	olation and explain (at	ttach additional explanati	ion if neede	ed):	

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PROJECT INFORMATION			ı	1
Where will the proposed project be	e located?	County		
Physical (Street) Address	City	-,	State	Zip Code
(,	,		KY	
In the space below, provide a one paragraph e statement explaining why public support is nee other descriptive information is available, attac	ded for the project to be			
Identify the type of training to be provided throu	igh the proposed project	including	the sectors	that will benefit from
the training. Also include expected hours of op-				
trained.				
<u> </u>				
What are the private sector demand estimates	for the proposed training	?		

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FINANCIAL PROJECTIONS AND OWNERSHIP/MAINTENANCE OF FACILITIES AND EQUIPMENT					
Eligible Costs	Who Will Own/Maintain?	Proposed Matching Funds From Partners	Work Ready Skills Initiative Funds Requested	Total Projected Cost for Project	
Land Acquisition					
New Building Construction/Addition					
Existing Building Purchase					
Repurposed Existing Building Value					
Existing Building Improve/Renovate					
Equipment and Furnishings *					
First Year Marketing Costs					
Totals					
* Equipment and Furnishings means equipment, machinery, furnishings, office equipment, computers, software, fixtures, telecommunications infrastructure or other items necessary to equip a facility to provide workforce training and education programs proposed as part of a partnership project.					
Total Work Ready Sk Requested in this Ap	ills Initiative Funding plication		Requested Funds as a % of Total Cost		

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APPLICATION FOR INCENTIVE PROGRAMS CERTIFICATION OF APPLICATION

Lead Project Partner Name	
County Where Project will be Located	
incentives. Please contact program staff before taking ar reported herein.	es in the status of the proposed project from the facts neement of construction, any public announcement or gency language, could jeopardize the project's eligibility for ny action which would change the status of the project as
I, the undersigned, on behalf of the applicant, hereby r information, including all attachments, to the best of my k to the information concerning the proposed project for wh contain any information for which any entity competing wi	nowledge, is (a) true, complete and accurate with respect ich financial incentives are sought; and (b) does not
Answer 'Yes' or 'No' to the following statements: For the proposed project, I represent and cert application is necessary for the project to occur.	ify that the grant funding being requested in this ur.
For the proposed project, I represent and cert the strategic plan developed by the Kentucky	ify that the project will be aligned with, and supportive of, Workforce Innovation Board (KWIB).
The undersigned, on behalf of the applicant, acknowled its attachments may be subject to public disclosure to the under the Kentucky Open Records Act contained in Chap Notwithstanding the above, except as otherwise agreed to application information shall be disclosed if properly excluding the Kentucky Work Ready Skills Advisory Committee, Cabinet, the Kentucky Attorney General or court of compapplication and any attachments thereto with regard to invinformation as required by an incentive agreement shall be	oter 61 of the Kentucky Revised Statutes. To by the applicant in writing, no confidential or proprietary uded from disclosure under KRS 61.878 (as determined the Kentucky Education and Workforce Development etent jurisdiction). Information contained in this westment, eligible costs, approved costs and other
In addition, the undersigned, on behalf of the applicant share any and all information contained within the applica (including the Cabinet for Economic Development), local the feasibility and potential impacts associated with the present the second contained to the present the second contained to the second contained	jurisdiction(s) and contracted consultants to determine
Signature	Title
Print Name	Date

For Electronic Signature: The person responsible for signing the document may type his/her name in the signature field, but the name must be preceded by a "/ s" (e.g., /s Jim Smith). An email is also required from the signer providing a statement certifying/authenticating the typed signature on the document is his/her signature.

CLICK TO SUBMIT